



2014 FALL YOUTH T-BALL /BASEBALL

PLEASE COMPLETE AND RETURN TO THE SPAR ATHLETICS DEPARTMENT

(Team Entry Deadline: March 13, 2014)

SEASON BEGINS March 25, 2014

Child's Name: _____

Birth Date: _____

Address: _____

Apt: _____

City: _____

Zip: _____

Phone No.: _____

Coach: _____ School & Grade: _____ / _____

1. A child may play UP one age division but **cannot play down**.

2. It is the coach's responsibility not to place players on the roster who are not of the proper age.

Age Divisions

| | |
|-----------------|------------------------------------|
| 5-7 year old: | cannot be 8 before March 31, 2014 |
| 8-10 year old: | cannot be 8 before March 31, 2014 |
| 11-12 year old: | cannot be 13 before March 31, 2014 |
| 13-14 year old: | cannot be 15 before March 31, 2014 |

I, the parent or guardians of the above named child, give my permission for him/her to participate in the Shreveport Public Assembly & Recreation (SPAR) T-Ball / Baseball Program. I will not hold SPAR, the City of Shreveport, nor any official responsible if my child is injured while engaging in this sport. I understand the hazards and dangers involved in the sport and will use my own insurance, if needed. I also agree to provide a copy of my child's birth certificate which will be kept on file at the SPAR Athletic Office.

Parent or Guardian Signature

Date

SPAR Athletics: "Building Shreveport Communities, One Game at a Time"